

TEEN TEAM APPLICATION

Please return to: Volunteer Coordinator, 100 E. Abriendo Ave., Pueblo, CO. 81004-4232

Please fill out the following: Name: Amanda McCay Date: 8-18-17 Address: 148 Comell Circle City: Puelolo State: C Zip: 81005 Phone: 119 205 319 Email: amanda mccay 100 yahoo Cor School: South High School Age: 15											
Are you volunteering for school credit? Yes If so, hours needed 80											
Check the location(s) where you would like to volunteer: X Rawlings Barkman Lamb Pueblo West Giodone Patrick Lucero Greenhorn Valley Please check the days and times you are available to volunteer:											
	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.				
9am-1pm											
1pm-5pm 5pm-9pm	×	X	×		×						
Name Same Same Phone 719-225-3280 Emergency Information:											
			ASE CONT	'ACT. W	1 ~ · M	000					
PHONE: 719 205 3197 RELATIONSHIP: MOTING											
Parent signature required below: I											
Signature of pa	rent or guardian	Con	1		8-1° Date	8-17					
Carried to arriduate early.											

Please answer the following questions:

1. Why do you want to volunteer at the library and what do you hope to gain from
this experience? I would like to valunteer at the
this experience? I would like to volunteer at the Library because its a nice cours area to come relax from school. I hope to
to come trelax from school. I hope to
gain more social skills with very
2. Please list your hobbies, interests, clubs or other information you would like us to
2 Please list your hobbies interests clubs or other information you would like us to
know about you:
For all 3 years of middle school I Played
For all 3 years of middle school I Played the violin. I love to draw and point on my freetime. I also enjoy going to school.
on my freetime. I also enjoy going to
School.

3. How do you use the library? (homework, information, recreational reading, etc.)?

I use the library to relax and to take
time to do my homework for school, to
get everything done.

Please sign below when you have read and understood all statements:

I certify that all statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release Pueblo City-County Library District from any liability for supplying such information.

I understand that the Pueblo City-County Library District reserves the right to screen volunteers and will not accept as a volunteer anyone who would jeopardize any aspect of library service or safety of library staff and customers.

I understand that if I miss my scheduled date and time of service without prior notification, my volunteer opportunity may be terminated.

I understand that I will not be paid for my services as a volunteer and I am giving my time freely to the Pueblo City-County Library District.

I understand that by volunteering, I am not guaranteed any special consideration for any future permanent job positions with the Pueblo City-County Library District.

APPLICANT SIGNATURE:	amanda	molan	DATE:	8-18-17	